



**CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING**

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| DYDDIAD Y CYFARFOD: DATE OF MEETING: | 30 March 2023 |
| TEITL YR ADRODDIAD: TITLE OF REPORT: | Clinical Services Plan (including update on Critical Care) |
| CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR: | Lee Davies, Executive Director of Strategy and Planning Andrew Carruthers, Executive Director of Operations |
| SWYDDOG ADRODD: REPORTING OFFICER: | Lee Davies, Executive Director of Strategy and Planning |

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The Health Board has an agreed strategy, “A Healthier Mid and West Wales”, which sets out our vision for health care across Hywel Dda, including the future configuration of services. This remains our direction of travel and was reinforced through the Programme Business Case approved by Board in January 2022. The fragility of our services was a key driver for the strategy and remains a risk, and has been further exposed through the pandemic. This paper proposes the establishment of a programme to develop a Clinical Services Plan in response to these fragilities based on the principles of care that is safe, sustainable, accessible and kind. The development of a clinical services plan is also an action within the Targeted Intervention requirements of Welsh Government.

Cefndir / Background

The Health Board’s response during the pandemic necessitated a change in service provision in many areas in order to protect patients and staff and minimise direct harm from COVID. Three years on, COVID continues to cause disruption to services and there are further legacy issues associated with the pandemic, such as long waiting lists, workforce deficits, social care pressures and more demand for health services. The Health Board has, however, been progressing its strategy through the submission of a programme business case to Welsh Government in February 2022 and land shortlisting for the new Urgent and Planned care hospital, which is currently out to public consultation. The long-term plans for services therefore remain as per that set out in “A Healthier Mid and West Wales”, however there is a need to consider service provision over the medium term.

Prior to the pandemic, and in the strategy, it was recognised that many of our services were fragile, predominantly as a consequence of our clinical teams being spread across multiple sites and therefore an over-reliance on a small number of individuals. That remains the case and in some areas, e.g. critical care, that risk has now materialised. Similarly there are services which have not returned to pre-pandemic activity levels which is limiting access for patients, e.g. for those patients awaiting elective surgery.

Whilst each individual service can be considered separately, there are inevitably interdependencies which means a programme approach is necessary. This paper proposes the establishment of an overarching programme to develop the Clinical Service plan for the services identified. The paper also sets out the next steps in the process to develop a sustainable Critical Care services throughout Carmarthenshire whilst maintaining an acute medical service at Prince Philip Hospital (PPH).

Asesiad / Assessment

Due to the nature of service provision across Mid and West Wales, it is recognised that a wide range of services have inherent fragilities. This was a key driver behind the development of the Health Board's strategy which seeks to reduce, if not eliminate, the risks to sustainable service provision. Until the strategy is fully implemented, in particular the establishment of the new hospital network, services are having to manage these fragilities on a daily basis. The pandemic has further exposed these deficiencies, with many services unable to restore pre-COVID activity levels or service models.

To respond to this, as stated above, it is proposed a programme is established to develop a set of plans for the provision of key services over the medium-term. The services proposed for inclusion are:

| Service | Driver | Executive Lead |
|----------------------------------|--|---|
| Critical Care | To respond to the current service fragility, in particular at Prince Philip Hospital | Director of Operations |
| Urgent and Emergency Paediatrics | As per the current review and forthcoming consultation | Medical Director / Deputy Chief Executive |
| Planned Care | To support the return to pre-COVID activity levels (as a minimum), as part of improving access and reducing waiting times for patients | Director of Operations |
| Emergency General Surgery | To respond to service fragility, particularly at Withybush General Hospital, as referenced in the Operational Update paper | Director of Operations |
| Stroke | To meet standards and respond to service fragility | Director of Therapies and Health Science |
| Diagnostics | To support the return to pre-COVID activity levels (as a minimum), as part of improving access and reducing waiting times for patients | Director of Operations |

Each of the Clinical Services Plans will be clinically-led and will be developed in an open and transparent manner, with the full engagement of stakeholders. Multi-professional workshops have been arranged for every quarter for the next 12 months, with the clinical services plan a key component. The intention is to initially consider the issues within each of the services and then develop options through 2023, providing regular updates to Board with a view to bringing the service options back to Board by January 2024.

Please note the sustainability of Primary Care is additionally recognised as a significant risk, as per the discussion at the Extraordinary Public Board meeting in February 2023. A dedicated programme is being established to look at this matter.

Further detail on each of the proposed services is set out below:

Critical Care services

On 25 July 2022, an operational decision was implemented to amend the admission protocols to the Critical Care Unit at PPH because of a further deterioration in the availability of Critical Care consultant staff to provide appropriate and sustainable levels of on-site support to the unit. This decision was affirmed on 28 July 2022 by the Operational Planning & Delivery Group, chaired by the Director of Operations. The matter was considered in detail by the Board in September 2022 which agreed a continuation of the amended admission protocols whilst recruitment efforts continued. The Board requested a further update in January 2023. The patient safety, quality and experience implications of the current arrangements were also considered in detail at the Quality, Safety and Experience Committee in December 2022, with the matter also subject to review as part of the escalated Enhanced Monitoring arrangements introduced by Welsh Government. Consequently, the admission criteria to the PPH Intensive Care Unit (ICU) has been amended, where patients assessed as needing Level 3 care or those at Level 2 for active escalation are transferred to neighbouring ICUs appropriate to their clinical needs. This adjustment to the admission protocol was intended as a temporary measure, with restoration of the previous arrangements dependent upon an improvement in consultant level critical care staffing resources.

An interim Standard Operating Procedure (SOP) is in place, supported by multi-disciplinary clinicians providing guidance on the assessment, decision making, communications and management of patients within PPH ICU, and facilitating transfers to neighbouring ICUs as required. Clear and transparent communication has also been conveyed to Welsh Government, the All-Wales Critical Care Network, and the Community Health Council.

A further updated paper was submitted to the Public Board on 26 January 2023. Furthermore, as part of the Improving Together session held in January 2023 it was agreed that a multi-disciplinary working group would be developed, led by the Executive Director of Operations. A Task and Finish (T&FG) group has been convened, entitled 'Developing a Sustainable Model for Critical Care in Carmarthenshire and Medical Take at PPH.' The membership consists of a multi-disciplinary team from Carmarthenshire. There is full representation from Medical, Nursing, and Operational leadership. The purpose and responsibilities of the group are to:

- Establish as necessary any workstreams or working groups required to progress the work as set out by the T&FG
- Provide the scope and maintain the oversight of any workstreams or working groups created to inform the development of recommendations for the future service model
- Develop and maintain a project plan for delivering a proposed service model and recommendations
- Provide assurance to the Executive Team that any models proposed are based on appropriate and evidence-based modelling assumptions
- Provide assurance to the Executive Team that any proposed model and recommendations are clinically led and agreed
- Accept responsibility for making decisions on the process taken to develop the service models
- Inform the Clinical Services Plan and make clear recommendations to the Board on the proposed sustainable service model for critical care in Carmarthenshire and the medical take at PPH.
- Advise on the necessary clinical governance arrangements to ensure resilience for the current temporary service model, and to support a proposed sustainable model

- Liaise with regional stakeholders and national experts as necessary to develop the proposed models

This group has been commissioned and will continue to work on the above themes to ensure that both Critical Care and the medical emergency take at Prince Phillip hospital are supported while agreeing a model of care that can be safely supported and provides appropriate care for the critically unwell patient who presents into the Prince Phillip healthcare system.

Urgent and Emergency Paediatrics

On 20 October 2014, following a public consultation, the decision was made to permanently establish a Paediatric Ambulatory Care Unit (PACU) at Withybush General Hospital (WGH) in place of the 24-hour inpatient service previously in place at the hospital.

In 2016, the operating hours of the service were temporarily reduced and the rotas for acute paediatric overnight consultants at Glangwili General Hospital and Withybush General Hospital were merged. Since 21 March 2020, due to the COVID pandemic, the PACU at Withybush General Hospital has been suspended. Children with minor injuries have still able to access care at Withybush General Hospital via the minor injury unit as well as booked outpatient appointments, but those children with acute illness have been directed to Glangwili General Hospital in Carmarthen.

These temporary arrangements have been the subject of a review, with regular Board updates, and the options for the service are due to be consulted upon shortly.

It should be noted the Clinical Services Plan is intended to be an overarching programme. It is accepted that services are in different starting positions and will progress with varying timelines. The inclusion of the Urgent and Emergency Paediatric review within the Clinical Services Plan programme, therefore, does not affect the extant project plan for the Paediatrics review and Board will continue to be updated on the work at appropriate intervals.

Planned Care

Orthopaedics

The protection (ring-fencing) of ward beds for elective orthopaedic surgery is mandatory for the provision of high quality elective orthopaedic services. In the Health Board, these arrangements are fragile and have not been maintained consistently due to urgent and emergency care pathway pressures. The recent National Clinical Strategy programme for Orthopaedic Surgery (NCSOS) and Getting it Right First Time (GIRFT) reports published during 2022 highlighted significant challenges associated with the current configuration of elective Orthopaedic services in delivering reliable and high quality surgical care.

In determining an appropriate longer-term strategy for the delivery of elective orthopaedic services, the Welsh Government-supported NCSOS review recommended regional collaboration to support the reduction of long waiting patients with complex surgical and medical requirements (low volume, high complexity – 'LVHC'). It also noted that elective orthopaedic inpatient waiting lists across the Health Board (and other Health Boards across Wales) are expected to grow significantly in the years ahead, unless capacity can be increased above current levels. A reduction in waiting times for these patients requires a dedicated ring-

fenced bed base for inpatient elective surgery with sufficient bed capacity, laminar flow theatre capacity and enhanced recovery/critical care support.

In order to support medium and longer-term recovery ambitions and delivery of expected improvements in waiting times, a clinical review of the current configuration of orthopaedic services across the Health Board and the South-West Wales region is a critical priority.

Additional planned care services which have been identified as fragile, due to related workforce and equipment challenges are referenced below:

- **Ophthalmology and Dermatology** - services are constrained by recruitment challenges to experienced substantive Consultant posts and experienced nursing staff who can undertake extended clinical practice
- **Urology & Endoscopy** - both services have significant capacity deficits and long waiting times, requiring longer-term sustainability plans
- **Outpatient Services** - the delivery of outpatient services across the Health Board has become increasingly challenged in the post-pandemic period due to estate and equipment constraints. Consequently, a medium and long-term clinical services plan is required to ensure outpatient services can adequately meet the needs of our population over the next several years.

Emergency Surgical Cover

As noted in the Operational Update, the Emergency Surgical Cover at Wwithybush General Hospital is extremely fragile. There have been a number of papers setting out the fragility of the extant service. The Wwithybush General Surgery Consultant on call rota is a 1:5. Of the 3 substantive consultants currently available, only 1 is able to support the on-call rota, supplemented by 2 locum/agency consultant posts, one of which is due to retire on 1 April 2023. The Directorate continues to readvertise 2 substantive consultant posts, whilst working with agency and internal staff to provide the requisite cover, which includes cover from General Surgery teams at GGH (Glangwili General Hospital) and BGH (Bronglais General Hospital). The clinical team does not consider this a sustainable solution.

The current Glangwili Hospital General Surgery Consultant on call rota is 1:8. 1 consultant will be retiring in May 2023 and has shown interest in returning to provide elective services for Outpatient, Theatre and Endoscopy without an on-call commitment. 5 of the remaining 7 Consultants have signalled that they would not wish to continue participation in the on-call rota beyond a 5-year window which highlights the importance of succession planning for the future provision of emergency surgical cover, and the need for a sustainable strategy for the Consultant on call rotas across the south of the Health Board.

Stroke

The Health Board has had challenges in reliably meeting the expected standards for Stroke care, particularly in Carmarthenshire, reflecting workforce fragility with services provided over four sites. Work is ongoing with Swansea Bay progressing the plans towards a Regional Comprehensive Stroke Centre and a more sustainable pathway for residents of Hywel Dda. This will include establishing early supported discharge across the Health Board and reviewing the stroke service across Carmarthenshire.

Diagnostics

Diagnostics are critical components of modern health care pathways, supporting clinical decision-making in primary and secondary care. Demand has steadily grown across the majority of modalities and is anticipated to continue to grow with the projected ageing of the population. The strategic plan for diagnostics will therefore be a critical enabler for the delivery of “A Healthier Mid and West Wales”.

Over the past three years, the pandemic has significantly impacted on access for our population and activity levels remain below pre-COVID levels. There is a national programme for Diagnostics and an expectation that regions will increase capacity through Regional Hubs. Through the A Regional Collaboration for Health (ARCH) programme, we have been developing our plans in collaboration with Swansea Bay and have agreed to establish a Regional Diagnostics Group to oversee and coordinate these activities.

The intention would be to develop a set of plans that increases capacity and reduces waiting times in the short and medium term, and aligns to the strategy.

Argymhelliad / Recommendation

The Board is asked to:

- **TAKE ASSURANCE** from the current actions being undertaken to address the Critical Care issues within Prince Philip Hospital
- **APPROVE** the establishment of a programme to develop a Clinical Services Plan, with the scope of services as set out within the paper

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:
Datix Risk Register Reference and Score:

1363 - (Critical Care) Inability to safely support Level 3 Critical Care provision across PPH and GGH (current score 20)
1082 – (T&O) Lack of Major Trauma Weekend Theatre Sessions GGH (current score 20)
1383 (Endoscopy) Nursing Staffing Issues/recruitment (current score 8)
1254 - (Endoscopy) Prince Philip Reconfiguration (current score 8)
1531 - (General Surgery) Inability to safely support on call rota at WGH and GGH (current score 20)
1235 - (Urology) Urology Urgent Suspected Cancer (USC) and PCNL (PERCUTANEOUS NEPHROLITHOTOMY) Treatment Delays (current score 16)
1407 - (Corporate Level Risk) Risk to delivery of Annual Recovery Plan & achievement of WG Ministerial Priorities or the reduction in elective waiting times
1488 - (Endoscopy) Decontamination BGH (current score 12)
1092 - (OPD) Progress against F/UP OPD Targets (current score 12)

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| | <p>1255/56 - (T&O) Lack of Orthogeriatric Consultants and ANP Support (current score 20)</p> <p>747 - (Dermatology) Delivery of sustainable Dermatology Service (current score 8)</p> <p>1428 - (Rheumatology) Unable to meet Service requirements (current score 4)</p> <p>632 - (Ophthalmology) Ability to fully implement WAG Measures (current score 16)</p> <p>1066 – (Ophthalmology) Inability to provide nursing staff to cover required level of activity within Ophthalmology across HB (current score 9)</p> <p>1234 - (OPD) Inadequate ventilation GGH/WGH (current score 12)</p> |
| <p>Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards</p> | <p>5. Timely Care 5.1 Timely Access 3.1 Safe and Clinically Effective Care 7.1 Workforce</p> |
| <p>Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives</p> | <p>5. Deliver, as a minimum requirement, outcome and delivery framework work targets and specifically eliminate the need for unnecessary travel & waiting times, as well as return the organisation to a sound financial footing over the lifetime of this plan</p> <p>4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners.</p> |
| <p>Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</p> | <p>2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS</p> |

Gwybodaeth Ychwanegol: Further Information:

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| <p>Ar sail tystiolaeth: Evidence Base:</p> | <p>Contained within the body of the report</p> |
| <p>Rhestr Termiau: Glossary of Terms:</p> | <p>Contained within the body of the report</p> |
| <p>Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:</p> | <p>Executive Team</p> |

Effaith: (rhaid cwblhau) Impact: (must be completed)

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| <p>Ariannol / Gwerth am Arian: Financial / Service:</p> | <p>At this early stage of the programme it is not possible to assess the potential financial implications. An early task is to identify the support required for each of the areas and this may lead to some financial impact.</p> |
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| Ansawdd / Gofal Claf: Quality / Patient Care: | The programme is intended to positively impact on quality and patient care but at this stage this cannot be assessed. |
| Gweithlu: Workforce: | The programme is in response to workforce challenges. The impact will be assessed as the plans are developed. |
| Risg: Risk: | As outlined above |
| Cyfreithiol: Legal: | N/A |
| Enw Da: Reputational: | It is anticipated there may be political and media interest in the development of these plans. A communication and engagement plan will be developed as part of the programme. |
| Gyfrinachedd: Privacy: | N/A |
| Cydraddoldeb: Equality: | This will be assessed as the service plans are developed |